



Instructions on completing and submitting applications

PLEASE READ CAREFULLY!!!

Completed Employment Applications may be submitted via:

✚ Mail or in person to:

City of Riverdale

Attn: Human Resources Department

971 Wilson Road

Riverdale, GA 30296

Applications returned in person will be accepted Monday-Friday 8 AM to 4 PM.

✚ Fax to: (770) 909-5280, Attn: Human Resources Dept.

✚ Email to: employment@riverdalega.gov

Note: When submitting applications via email, please save a copy of the completed application and send as an attachment.

HUMAN RESOURCES DEPT
971 WILSON ROAD
RIVERDALE, GA 30296
FAX: (770) 909-5280



HUMAN RESOURCES USE ONLY

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Any additional information or documents you wish to submit in support of your application may be sent to the Human Resources Department via fax, U.S. mail or in person. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification.

1. NAME		
Last Name	First Name	M.I.
2. SOCIAL SECURITY NO.	3. POSITION(S) APPLYING FOR	
4. TODAY'S DATE	5. JOB ANNOUNCEMENT NUMBER(S)	6. WHEN AVAILABLE
7. EMAIL ADDRESS		If you require assistance with the recruitment process due to a disability, please notify our staff.
8. CONTACT NUMBERS	9. DRIVERS LICENSE	
Home Telephone Number	Do you have a valid license? <input type="radio"/> Yes <input type="radio"/> No	
Other Telephone Number (Cell, Beeper)	License Type: <input type="radio"/> Operator <input type="radio"/> CDL Class _____	
	Endorsement Code(s) _____	
	State _____ Exp. Date _____	
10. PRESENT HOME ADDRESS OR MAILING ADDRESS		
Street Address		
City	State	Zip Code
11. PREVIOUS HOME ADDRESS		
Street Address		
City	State	Zip Code

(Job 3) Previous Job						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.		
						Telephone Number: _____	
						Your Job Title: _____	
						Supervisor's Name, Title and Phone #: _____	
						Reason for Leaving Position: _____	
Specific Duties:							
Number and Titles of employees supervised (if applicable):							

(Job 4) Previous Job						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.		
						Telephone Number: _____	
						Your Job Title: _____	
						Supervisor's Name, Title and Phone #: _____	
						Reason for Leaving Position: _____	
Specific Duties:							
Number and Titles of employees supervised (if applicable):							

14. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

15. SPECIFIC SKILLS - List below, the number of months/years applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., relative to the position(s) applied for.

No. of Months	Applicable experience

16. List current membership(s) in professional, job-related organizations:

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17. List any active professional, technical, occupational licenses or certificates and registration you now hold:

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18. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

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19. VETERANS PREFERENCE: Pursuant to F.S. 295, eligible veterans and their spouses shall be given preference in appointment and retention in positions of employment. In order to receive preference, **supporting documentation must be submitted with this application.** (i.e. DD214, Statement of Disability Certification from the Department of Veterans Affairs)

Did you serve in the Armed Services? ☐ NO ☐ YES

Is your discharge under honorable conditions? ☐ NO ☐ YES

Are you or have you ever been employed by the State of Georgia or one of its Counties, Cities, or political subdivisions? ☐ NO ☐ YES

Veteran's preference is available only for Georgia residents. Have you established Georgia residency? ☐ NO ☐ YES

Are you claiming Veterans' Preference? ☐ NO ☐ YES If yes, please check the category that applies to you:

- ☐ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense **OR**
- ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power **OR**
- ☐ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America **OR**
- ☐ The unmarried widow or widower of a veteran who died of a service-connected disability
- ☐ The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.

Please check the statement that applies to you:

☐ Korean Conflict: 06/27/1950 - 01/31/1955 ☐ Vietnam Era: 02/28/1961 - 05/07/1975 ☐ Persian Gulf: 08/02/1990 - 01/02/1992

☐ Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' Preference.

The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

An eligible veteran claiming preference who is not selected for a vacant position may file a complaint with the Georgia Department of Veterans Affairs, Floyd Veterans Memorial Building Suite E-970 Atlanta, GA 30334-4800. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or within 3 months of the date of application if no notice is given. For additional information visit <http://sdvs.georgia.gov/portal/site/SDVS/>

20. Have you ever worked for the City of Riverdale? ☐ YES ☐ NO

If yes, please give date(s) of employment: _____

21. Are you related to a City employee or is any member of your household employed by the City of Riverdale?

Yes ☐ No ☐ If yes, please give the person's

Name: _____

22. Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes ☐ No ☐ If yes, state the nature of the injury claimed, and the current status of disposition of the claim, action, or lawsuit.

Nature of offense: _____

Name and location of court: _____

Disposition /status: _____ Date: _____

23. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes ☐ No ☐ If yes, please give:

Nature of the offense: _____

Name and location of court: _____

Disposition of case: _____ Date: _____

NOTE: Answering yes to either question 22 or 23 does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

24. How did you first learn about the position for which you are applying? Check the only response that applies.

☐ Newspaper ad (please specify) _____

☐ City of Riverdale Job line

☐ Professional Journal (please specify) _____

☐ City Employee Name _____

☐ City of Riverdale Website

☐ High School/College or University

☐ Other Website (please specify) _____

☐ Other (please specify) _____

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) Take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Riverdale is true and correct. I understand that if I am selected for an interview, I will be required to confirm the authenticity of this application by signing the application. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant _____

Date: _____



APPLICANT VOLUNTARY SELF-IDENTIFICATION

Please read all instructions carefully before completing the form.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form may be completed by the applicant on a voluntary basis. It is not used for interview purposes. It will be filed separately from the application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Please identify where you learned about an employment opportunity with the City of Riverdale.

- ☐ Newspaper Ad ☐ Internet ☐ Employee ☐ State Employment Agency
☐ Other _____

Applicant Information

Last Name _____ First Name _____ Middle Name _____

Address _____

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ Hispanic or Latino ☐ White (Not Hispanic or Latino) Black or African ☐
☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Asian (Not ☐
☐ American Indian or Alaska Native (Not Hispanic or Latino) Two or More Races ☐

**Personal Request for Criminal History
Consent Release Form**

I, the undersigned, hereby authorize the **City of Riverdale Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, County or local criminal justice files.

Please type or print clearly:

Full Name: _____

LAST

FIRST

MIDDLE

Previous Name: _____ (if applicable)

LAST

FIRST

MIDDLE

Complete Street Address: _____ (No P.O. Box #s accepted)

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License / I.D. #: _____ State: _____

Position Applied For: _____

*Please provide copy of Photo I.D.
(Can be submitted on a separate attached sheet)*

I, _____ give consent to the **City of Riverdale** to perform periodic criminal history background checks for the duration of my employment with this agency.

Note: Before signing this Consent Form, check all answers to see that you have answered questions fully and correctly. This Consent Form is to be executed under oath and is subject to the penalties of false swearing.

Verification

STATE OF GEORGIA, CLAYTON COUNTY
CITY OF RIVERDALE

I, _____ do solemnly swear or affirm, subject to the penalties of false swearing, that the above information in the foregoing Consent Form is true and correct and that I do willingly give my consent.

Signature (Full Name)

I hereby certify that _____ (the above named individual) signed his or her name to the foregoing Consent Form, stating to me that he or she knew, and understood the reason for this Consent Form, and willingly signed said Consent Form, under oath, administered by me, that said information is true and correct.

This _____ day of _____, _____

Notary Signature

Notary Public (Place)

Notary Seal Above)

FOR OFFICIAL USE ONLY:

Requesting Officer / Department: _____ City ARN# _____

☐ Pre-employment w/ the City of Riverdale (City Hall, Fire Dept., Town Center, Community Development, HR) **Purpose Code E** ☐
Criminal Justice Employment – Civilian (Court Services, I.T., Police Department) **Purpose Code J** ☐ Criminal Justice Employment –
P.O.S.T. Certified (Police Officer & Communications) **Purpose Code Z**

Operator running this history request: _____ Date this request was run: _____



Release Authorization Form

I hereby authorize the Riverdale Police Department or the City of Riverdale Human Resources Department to receive any criminal history information pertaining to me which may be in the files of any local, state or federal criminal justice agency. The authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Riverdale Police Department or the City of Riverdale Human Resources Department, whether the records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; **motor vehicle records (MVR)**; financial or credit institutions or reporting agencies including loans; the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements or records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the suitability for employment by the Riverdale Police Department or the City of Riverdale Human Resources Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage, which may result from furnishing the requested information.

Signed this _____ day of _____ of _____

Signature _____

Printed Name _____

Notary Public

Seal

Date

HR Rev. 03/2017